Chapter 5 Revisions

Hard Copy Page Number	Change
4	Addendum A revised to reflect final rule.
5	Added status indicators and descriptions for F, G, H, J and P.
5	The description for Addendum A, Column 3, item "G", typo corrected.
5	Note added to description for column 7. Coinsurance may be less than 20% of the APC payment rate for APCs relating to pass through items.
7	Second table, APC line 258, discounted payment revised to 902.83.
8	Added description of 3 month lag in applying wage index.
9	Coinsurance Percentage added to table on bottom of page.
10	Corrected APC 258, computed coinsurance amount on line 6.
12	Inserted statement to effect that as a general rule, coinsurance cannot be less than 20 percent of the national payment rate. However, coinsurance on pass through drugs is assessed on only a portion of the payment rate and thus need not equal 20 percent of the payment rate.
14	Fiscal Intermediary Processing: Program Memorandum Number A-00-23 replaced with A-00-36.
14	Clarified "The coinsurance amount for screening barium enemas is 20 percent of the APC payment rate."
14	Last paragraph, "equal to or exceed 20 percent"
18	Heading "HCPCS" added to table.
19	Forth paragraph, "not insignificant"
20	Inserted statement – "Although HCFA plans to reduce the device pass through payment by the amount of related device costs in the APC, the analysis to identify that amount will not be completed in time for the implementation date.
21	Last bullet revised "costs exceed 2.5 times the OPPS payments."
21	Added statement: "The resulting outlier payments will be output from PRICER for the standard systems to capture and store as value code 17 (outlier amounts)."
24	Interim payment section updated for PM A-00-36 and August 1, 2000 effective date.
24	Third paragraph, "outpatient cost to charge ratio developed by HCFA". Payment-to-cost ratio added to listing.
25	Second bullet, total charges for all covered services 125,000.

| | | Clarified that all sample data hypothetical. |